

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90214 046 \*\*\*150.00

DOCUMENT # P96000089648

1. Entity Name  
LOLESKI ENTERPRISES CORP.



Principal Place of Business  
5301 SW 14TH ST  
PLANTATION, FL 33317 US

Mailing Address  
5301 SOUTHWEST 14 STREET  
PLANTATION, FL 33317



2. Principal Place of Business  
5301 SW 14 St.

3. Mailing Address  
5301 SW 14 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State  
Plantation, FL

City & State  
Plantation, FL

4. FEI Number  
65-0704493

Applied For  
Not Applicable

Zip  
33317

Country  
US

Zip  
33317

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIMCE LOLESKI  
5301 SW 14TH ST  
PLANTATION, FL 33317

## 7. Name and Address of New Registered Agent

Name Luba Loleski

Street Address (P.O. Box Number is Not Acceptable)

5301 SW 14 St.

City Plantation,

FL

Zip Code 33317

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* - Luba Loleski, PTD

April 20, 2006

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete  
NAME LOLESKI, DIMCE  
STREET ADDRESS 5301 SW 14TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VSD ☒ Delete  
NAME LOLESKI, LUBA  
STREET ADDRESS 5301 SW 14TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME Loleski, Luba  
STREET ADDRESS 5301 SW 14 St.  
CITY-ST-ZIP Plantation, FL 33317

TITLE VSD ☒ Change ☐ Addition  
NAME Loleski, Dimce  
STREET ADDRESS 5301 SW 14 St.  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* - Luba Loleski PTD

4-20-2006

954-584-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #